



## ANGIOTENSIN RECEPTOR BLOCKERS AND COMBINATIONS PA SUMMARY

<b>PREFERRED ARBs</b>	Benicar, Diovan, Irbesartan, Losartan, Micardis
<b>NON-PREFERRED ARBs</b>	Atacand, Candesartan, Edarbi, Eprosartan, Telmisartan, Teveten

  

<b>PREFERRED ARB COMBOs</b>	Benicar HCT, Exforge, Exforge HCT, Irbesartan/hydrochlorothiazide, Losartan/hydrochlorothiazide, Micardis HCT, Valsartan/hydrochlorothiazide
<b>NON-PREFERRED ARB COMBOs</b>	Atacand HCT, Azor, Candesartan/hydrochlorothiazide, Edarbyclor, Telmisartan/amlodipine, Teveten HCT, Tribenzor, Twynsta

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTE:** *Preferred (except losartan and losartan/hydrochlorothiazide) and non-preferred agents require prior authorization. If eprosartan is approved, the PA will be issued for brand-name Teveten. If candesartan is approved, the PA will be issued for brand-name Atacand. If candesartan/hydrochlorothiazide is approved, the PA will be issued for brand-name Atacand HCT. If telmisartan/amlodipine is approved, the PA will be issued for brand-name Twynsta. Physicians discharging a member from an inpatient facility stable and responding to a non-preferred agent should request prior authorization as part of the patient's discharge planning.*

**PA CRITERIA:**

*For Preferred ARBs: Benicar, Diovan, Irbesartan (generic), or Micardis*

- ❖ Member must have failed a trial of generic losartan or losartan/hydrochlorothiazide

*OR*

- ❖ Member must have experienced allergies, contraindications, drug-to-drug interactions, or intolerable side effects to losartan.

*For Non-Preferred ARBs: Atacand (brand), Edarbi, or Teveten (brand)*

- ❖ Member must have failed a trial of two preferred ARB or ARB Combination products, one of which must be generic losartan or losartan/hydrochlorothiazide

*OR*

- ❖ Member must have experienced allergies, contraindications, drug-to-drug interactions, or intolerable side effects to two preferred ARB or ARB Combination products, one of which must be generic losartan.



*For Candesartan (generic)*

- ❖ In addition to meeting the criteria above for brand-name Atacand, the physician should submit a written letter of medical necessity stating the reason(s) that brand-name Atacand is not appropriate for the member.

*For Eprosartan (generic)*

- ❖ In addition to meeting the criteria above for brand-name Teveten, the physician should submit a written letter of medical necessity stating the reason(s) that brand-name Teveten is not appropriate for the member.

*For Telmisartan (generic)*

- ❖ In addition to meeting the criteria above for brand-name Micardis, the physician should submit a written letter of medical necessity stating the reason(s) that brand-name Micardis is not appropriate for the member.

*For Preferred ARB Combination: Exforge*

- ❖ Member must have failed a trial of losartan or losartan HCT
- OR
- ❖ Member must have experienced allergies, contraindications, drug-to-drug interactions, or intolerable side effects to losartan.

*For Preferred ARB Combinations: Benicar HCT, Exforge HCT, Irbesartan/hydrochlorothiazide, Micardis HCT, or Valsartan/hydrochlorothiazide*

- ❖ Member must have failed a trial of generic losartan HCT
- OR
- ❖ Member must have experienced allergies, contraindications, drug-to-drug interactions, or intolerable side effects to losartan.

*For Non-Preferred ARB Combinations: Atacand HCT (brand) or Teveten HCT*

- ❖ Member must have failed a trial two preferred ARB-diuretic products, one of which must be generic losartan HCT
- OR
- ❖ Member must have experienced allergies, contraindications, drug-to-drug interactions, intolerable side effects to two preferred ARB-diuretic products, one of which must be generic losartan HCT.

*For Non-Preferred ARB Combination: Edarbyclor*

- ❖ Member must have failed a trial two preferred ARB-diuretic products, one of which must be generic losartan HCT
- OR
- ❖ Member must have experienced allergies, contraindications, drug-to-drug interactions, or intolerable side effects to two preferred ARB-diuretic products, one of which must be generic losartan HCT.

AND

- ❖ Physician should submit a written letter of medical necessity stating the reason(s) the two separate products, Edarbi and chlorthalidone, are not appropriate for the member.

*For Non-Preferred ARB Combination: Azor*

- ❖ In addition to meeting the criteria for Benicar, the prescriber should submit a written letter of medical necessity stating the reason(s) the preferred products (amlodipine generic and Benicar) as separate prescriptions are not appropriate for the member.



*For Non-Preferred ARB Combination: Tribenzor*

- ❖ In addition to meeting the criteria for Benicar or Benicar HCT, the prescriber should submit a written letter of medical necessity stating the reason(s) the preferred products (amlodipine generic, Benicar, and hydrochlorothiazide generic) as separate prescriptions are not appropriate for the member.

*For Non-Preferred ARB Combinations: Twynsta or Telmisartan/Amlodipine*

- ❖ In addition to meeting the criteria for Micardis, the prescriber should submit a written letter of medical necessity stating the reason(s) the preferred products (amlodipine generic and brand-name Micardis) as separate prescriptions are not appropriate for the member

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.